A Warm Welcome Goes a Long Way.

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Published In/Presented At
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Transitional Trauma Unit
Lehigh Valley Health Network, Allentown, Pennsylvania

Background:
- Patients and families voiced concern that they did not feel warmly welcomed at Lehigh Valley Health Network.
- The Transitional Trauma Unit embraced the challenge to change the perceptions of patients and families by adopting and enculturating Warm Welcome behaviors.

Pre-Implementation Observations:
- No standard process for welcoming patients.
- Inconsistent processes and behaviors when transitioning patients within the network.
- Inconsistent enforcement of Warm Welcoming behaviors across the network.
- No current link of staff behaviors to satisfaction outcomes.

Target and Goals:
- Warmly welcome patients and families and respond to their stated and un-stated needs.
- Increase overall patient and family satisfaction.
- Increase staff satisfaction.
- Improve quality outcomes through communication, welcoming behaviors and clinical experience.

Countermeasures:
- Educated and trained staff on patient satisfaction methodology including AIDET and HEAT.
- Provided a complimentary care journal to patients.
- Implemented bedside shift to shift handoff report.

Standard Work:
- Welcome to the Transitional Trauma Unit.
- My name and my role is...
- Determine patients’ immediate needs.
- Explain to patient and family what to expect over the next few minutes, hours, days.
- Present Patient Journal to patient.
- Orient patient and family to room, including call bells, white boards, among other unit specific features.
- Review dietary/food services.
- Review bedside shift to shift report and hourly rounding process.

Metrics:
- Patients and families voiced concern that they did not feel warmly welcomed at Lehigh Valley Health Network.
- The Transitional Trauma Unit embraced the challenge to change the perceptions of patients and families by adopting and enculturating Warm Welcome behaviors.

Lessons Learned and Next Steps:
- Offer additional sessions to enable more key stakeholders to receive education.
- Lengthen planning timeline to include more key players in strategic planning of the implementation.
- Include bedside caregivers of all disciplines in initial planning meetings.
- Develop a universal tool kit for other departmental leaders.
- Continue the test of change on more network units.
- Implement process and incorporate behaviors throughout all areas of LVHN.